

City Of Southport 137 Worman Street, Southport, Indiana 46227 Office Number (317)786-3585 Email: clerktreasurer@southport.in.gov

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GENERAL CONTRACTOR'S LICENSE APPLICATION

New OR Rer	newal (Existing City of S	outhport Genera	I Contractor License #		_)		
Sole Proprieto r	Partnership	Corporation	LLC				
Exact Legal Name of Cor	poration, LLC, Partners	ship, or Sole Prop	orietor's Business Name.	(Please W	rite on Line	Above).	
List all Officers if Busines	s is a Corporation, LLC,	or Partnership					
Name of Sole Proprietor							
				_			
Physical Address (Requir		a P.O. Box).	P.O. Box				
City		State		Zip Code			
Business Number ()		-	Cell Phone Number (-		
List all Employees , Partn			zed to secure permits. (U		nal sheet, if	necessary)	
Signature Print				inted Name	ed Name		
Signature Prir This application must be signed and dated. Signature indicates that all information is com					nted Name plete and accurate.		
Contractors are responsi coverage, workmen's co Southport.	_					-	
Signature of	Officer, Partner, or Sole F				/	_	
SOLE PROPRIETORS or PAR	TNERSHIPS with NO EMPL		d and Sign Below:				
Please be advised that				has/ha	ve no empl	oyees at this time.	
If in the future employee							
Signature				Date		/	
	<u>C</u> c	ontractor's Lice	nse Requirements				
1. Provide Certificate of 12. Provide \$10,000 Suret digital bonds are not acc 3. A two year Residentia 4. INCOMPLETE APPLICATIO	ry bond listing <u>"City of S</u> ceptable) Il license fee is \$150. A t	two year Comme	' Unknown Third Party" a	as obligee.	(Must have	embossed seal-	
		For Offic	e Use Only				
License # Rev 06/18	Date	JJ	Processed By				